

Table 1. Recommendations for Surveillance and Screening Intervals in Persons with Average Risk at Baseline, 2012.*

Most Advanced Findings at Baseline Colonoscopy	Recommended Surveillance Interval	Quality of Evidence Supporting the Recommendation	Presence of New Evidence Stronger Than in 2006†
	yr		
No polyps	10	Moderate	Yes
Hyperplastic polyps <10 mm in rectum or sigmoid colon	10	Moderate	No
1–2 tubular adenomas <10 mm	5–10	Moderate	Yes
3–10 tubular adenomas	3	Moderate	Yes
>10 adenomas	<3	Moderate	No
≥1 tubular adenomas ≥10 mm	3	High	Yes
≥1 villous adenomas	3	Moderate	Yes
Adenoma with high-grade dysplasia	3	Moderate	No
Serrated lesions			
≥1 sessile serrated polyps <10 mm with no dysplasia	5	Low	NA
≥1 sessile serrated polyps ≥10 mm or 1 sessile serrated polyp with dysplasia or traditional serrated adenoma	3	Low	NA
Serrated polyposis syndrome‡	1	Moderate	NA

* Recommendations are from Lieberman et al.³⁴ The recommendations assume that the baseline colonoscopy was complete and adequate and that all visible polyps were completely removed. Sizes of polyps are diameters. NA denotes not applicable.

† The rating of evidence relies on expert consensus regarding whether new research is likely to change the confidence level of the recommendation.

‡ The serrated polyposis syndrome is defined, according to the World Health Organization,²⁰ as meeting one of the following criteria: at least 5 serrated polyps that are proximal to the sigmoid colon, with 2 or more that are 10 mm or more in diameter; any serrated polyps that are proximal to the sigmoid colon plus a family history of the serrated polyposis syndrome; or more than 20 serrated polyps of any size throughout the colon.